

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101599,670

FILING DATE

10-05-06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2			1			
3			1			
4			3	-		
5			3	-		
6			3	-		
7			3	-		
8			3	-		
9			3	-		
10			3	-		
11			3	-		
12			3	-		
13			3	-		
14			1			
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48						
49						
50						
TOTAL IND.			4			
TOTAL DEP.			30			
TOTAL CLAIMS			34			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						